



Registration Form



Last Name First Name

Address City State Zip

Home Phone Number Cell Phone Number

Nearest Intersection Email Address

Date of Birth (mother) Spouse's Name (if applicable)

Emergency Contact Name Emergency Contact Number

Attended MOPS Before? Location? Church You Attend (if applicable)

Current Employment/Home Business (if applicable) Former Occupation (if applicable)

I was invited to join MOPS by : _____

Attending MOPS

Child's Name M/F Date of Birth

Child's Name M/F Date of Birth

Child's Name M/F Date of Birth

Child's Name M/F Date of Birth

Pregnancy (if applicable) Due Date

Do you need a scholarship to assist with fees? Yes/No

MOPS committees and areas of interest: MOPS is possible because moms volunteer their time to serve each other. If you have a desire to use your time and talents in MOPS, then please indicate which of these committees you might like to participate in.

- Creative Activities: help to plan and prepare for crafts and other activities
- Hospitality: help to plan and prepare for decorations, refreshments, and favors
- Hospitality: help with setup before or teardown after meetings OR provide childcare during these times
- Publicity: write articles or assist with design for the newsletter and other MOPS materials
- Prayer and Care: pray for specific moms and their needs and/or help with meals and support
- Special Events: assist with planning and organizing large group events outside of MOPS meetings
- Social Activities: help organize small group activities outside of MOPS meetings

For Coordinator Use
 Date received form _____
 Discussion group _____
 Mail forms and fee to: Jamie Griffith
 2810 E 66th St, Indianapolis, IN 46220

For Finance Use
 Fall Registration _____
 Childcare _____
 Total paid _____
 Spring Registration _____
 Childcare _____
 Total paid _____